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ABSTRACT

The paper traces the legislative background and implications of Title VII of P.L. 95-602, the Comprehensive Services for Independent Living Act, intended for those individuals with disabilities sufficiently severe that their employment potential is limited but who may still benefit from vocational rehabilitation services to help them live and function independently. Reviewed are the definitions of services included in the law and discussed are state allotments. The concept of independent living (IL) as a consumer movement and a social phenomenon characterized by consumerism, self help, and demedicalism is analyzed, and specific services closely associated with the IL movement are seen to include advocacy, peer counseling, attendant care, architectural barrier removal, adapted housing, and adapted transportation. Among issues addressed at IL forums in 1979 were eligibility; scope of services; vocational rehabilitation involvement and responsibility, and private agency services. Funding issues and appropriations decisions are considered. (CL)

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COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING: GETTING READY FOR FIRST YEAR IMPLEMENTATION

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INTRODUCTION

The hope of independent living, the recognition of federal responsibility to persons with the most severe handicaps, the provision of attendant care and other supportive services through a Federal-State structure; these are the ideals enacted into law by P.L. 95-602 in November, 1978. But are these ideals really achievable?

This question was one of the leading survey results of UCPA affiliates in the Midwest District in selecting agenda items for their July 16-17, 1979 District governmental activities workshop. This paper has been prepared in an attempt to answer this question.

There are a variety of perspectives regarding the potential of this new program. UCPA advocates and service providers at the state and local levels must be aware of these different opinions as well as knowing the law if the new program is to be implemented in the best interests of persons with cerebral palsy.

Implementation of the new Comprehensive Services For Independent Living Program is the number one 1979-1980 public policy priority of the UCPA Washington Office as established by UCPA's Governmental Activities Committee and Members Of The Corporation.

LEGISLATIVE BACKGROUND

What has come to be known as "Independent Living" began as an effort of the established disability agencies led by the National Rehabilitation Association in 1959 to extend services to disabled individuals for whom employment was not an obtainable objective. Several bills have been introduced since 1959 but none were seriously considered by the Congress until the early 1970's.

In the fall of 1968 UCPA established its Washington Office. Two of its primary objectives for the next several years were enactment of the Developmental Disabilities Act and the extension of rehabilitation services to persons being rejected by Vocational Rehabilitation because of the severity of their disability. These objectives were consistent with UCPA's emphasis on persons with severe disabilities, persons with multiple handicaps, and deinstitutionalization.

• The Momentum Begins

Two rehabilitation bills (H.R. 8395 in 1972 and S. 7 in 1973) passed by the Congress in 1972 and 1973 each contained a new Title II authority entitled "Comprehensive Rehabilitation Services." This program was designed to expand rehabilitation services for severely handicapped persons who did not have a vocational goal. It is interesting to note that the terminology "independent living" was not used nor mentioned in this legislation; a new program was envisioned to expand rehabilitation services to persons who could not immediately meet Vocational Rehabilitation's employment eligibility criteria.

President Nixon vetoed each of these bills, a primary reason being the proposed comprehensive rehabilitation services program. His veto message declared:

"This measure would seriously jeopardize the goals of the vocational rehabilitation program... Its provisions would direct this program from its basic vocational objectives into activities that have no vocational element whatsoever or are essentially medical in character."

The third version of this legislation, the "Rehabilitation Act of 1973" (P.L. 93-112) did not contain a comprehensive rehabilitation services program. As a compromise between Congress and the Administration, the VR program was directed to expand services to persons "with the most severe handicaps" who "can reasonably be expected to benefit in terms of employability" and other Sections (501, 502, 503, and 504) of this Act called for development of varied affirmative action and nondiscrimination programs for the disabled. DHEW was required to conduct a comprehensive study of persons with severe handicaps.

The DHEW study ("Comprehensive Needs Study Of Individuals With The Most Severe Handicaps"), issued June 10, 1975 by the Urban Institute, concluded that the most fundamental public policy decision facing the rehabilitation program was "in regard to development of an independent living program." From this point forward, Washington policy makers and advocates began using the term "independent living program" with regularity. The report outlined three options:

1) expand the VR program for persons who may not be vocationally placed;

2) expand the use of extended evaluation; or

3) establish what was called an "independent living rehabilitation" program.

Three options were outlined and discussed for the development of Independent Living Programs in this report: 1) in non-VR agency; 2) in separate but VR related agency; and 3) in the VR agency as a residual to VR, separate from VR or as a single program with VR.

• <u>The 95th Congress Deliberates (1977-1978)</u>

As the 95th Congress began to consider extension of the Rehabilitation Act, four major proposals were considered as possible new initiatives.

1) expand VR eligibility for persons with little employment potential;

2) terminate the Developmental Disabilities program and in its place broaden eligibility to anyone with a severe disability;

3) establish a new grant program specifically for independent living; and

4) based on the P.L. 94-142 "Education For All Handicapped Children Act" concept, establish a single program for all disabled adults and then administratively divide it into two separate programs - one for the "acutely disabled" and the other for the "chronically disabled."

A 1978 inhouse HEW Office of the Assistant Secretary For Planning and Evaluation study concluded that "there are between 5.5 and 9.9 million functionally disabled adults in the U.S. whose severe functional loss requires mobility and personal care assistance. Of these, less than 3 million are receiving public benefit support." This study found that many independent living programs existed but they are diverse in terms of sponsorship, services offered, community placement, general approach, and types of persons served. The study further concluded that "with the exception of a few demonstration projects, independent living has not been widely utilized or tested as a natural part of the rehabilitation process...and...there is no government coordination or systematic evaluation of existing programs which implements the independent living concept..." Most independent living programs have been developed outside of the rehabilitation field by State Mental Health/Mental Retardation/Developmental Disabilities agencies, voluntary nonprofit organizations, and consumer self-help organizations.

The House passed bill (H.R. 12467) authorized a separate grant program to assist State Vocational Rehabilitation agencies serve "individuals whose disabilities are so severe that they do not presently have the potential for gainful employment..." H.R. 12467 also envisioned that "former VR clients or presently employed severely disabled individuals could be eligible for independent living services..."

The Senate passed bill (S. 2600) authorized a new state grant program to an agency designated by the Governor "to build State services and service systems to increase the number of and improve the quality of services for severely handicapped individuals and to assist the States in developing and implementing comprehensive services for all severely handicapped persons." S. 2600 envisioned a substantial new service program with "sufficient funds" available to develop "effective long-range plans and services."

On November 6, 1978 President Carter signed into law P.L. 95-602, the "Rehabilitation, Comprehensive Services, And Developmental Disabilities Amendments of 1978." With the President's signing, rumors began immediately that he had signed only with a promise from Congressional leaders not to fully implement the new independent living program; only a limited pilot program would be initiated.

- Differing Perspectives Remain

The new law is a mixture of the House and Senate versions as negotiated in a Congressional Conference Committee. Despite the negotiated settlement a difference of stated Congressional intent still exists and have their bases in H.R. 12467 and S. 2600. If the reader wonders why differing perspectives continue to exist inspite of enactment of a new law, reference is made to Charles Lindblom's theory of "disjointed incrementalism." Lindblom maintains that public policy is not made once and for all; rather policy making is a process of successive approximation to some desired objectives with endless adjustments being made. There will be no definite last word on Congressional intent behind the new independent living program.

TITLE VII OF P.L. 95-602

P.L. 95-602 establishes a new title of the Rehabilitation Act, Title VII, entitled "Comprehensive Services For Independent Living" to provide independent living services to meet the needs of individuals "whose disabilities are so severe that they do not presently have the potential for employment but may benefit from Voca-

tional Rehabilitation services which will enable them to live and function independently."

Eligible persons are those "whose ability to engage or continue in employment, or whose ability to function independently in his family or community, is so limited by the severity of his disability that vocational or comprehensive rehabilitation services appreciably more costly and of appreciably greater duration" than VR services are required. Priority is given to persons now unserved by the VR or DD Acts.

• Definition Of "Comprehensive Services For Independent Living"

The term "comprehensive services for independent living" is defined as:

> "any appropriate vocational rehabilitation service (as defined under Title I of this Act) and any other service that will enhance the ability of a handicapped individual to live independently and function within his family and community, and if appropriate secure and maintain appropriate employment. Such services may include any of the following: counseling services, including psychological, psychotherapeutic, and related services; housing incidental to the purpose of this section (including appropriate accommodations to and modifications of any space to serve handicapped individuals); appropriate job placement services; transportation; attendant care; physical rehabilitation; therapeutic treatment, needed prostheses and other appliances and devices; health maintenance; recreational activities; services for children of preschool age, including physical therapy, development of language and communication skills, and child development services; and appropriate preventive services to decrease the needs of individuals assisted under the program for similar services in the future."

• Part A Grants To State VR Agencies

Each state is to receive a minimum allotment of at least $200,000 on a 90% federal match basis. At least 20% of the funds allocated to the states must be granted to public agencies and private nonprofit organizations and "handicapped individuals shall have a substantial role in developing the State plan." Whenever RSA determines that a State will not use its allotment for IL services, the funds may be realloted to other states who will use the funds.

The State Vocational Rehabilitation agency is designated to administer the program and submit to DHEW a 3 year plan. The plan must study and consider a wide variety of methods for providing services; describe the quality, scope, and extent of services to be provided; and coordinate services with those offered under the DD Act and P.L. 94-142, the "Education For All Handicapped Children Act."

The state plan must "provide assurances that the State will conduct periodic review of the progress of individuals assisted under this title to determine whether services provided to such individuals should be continued, modified, or discontinued."

P.L. 95-602 also mandates that "handicapped individuals shall have a substantial role in developing the State plan."

• Part B Centers For Independent Living

States may directly establish or provide grants to public or nonprofit agencies to establish centers for independent living. Such centers must offer handicapped individuals a combination of independent living services" and "provide assurance that handicapped individuals will be substantially involved in policy direction and management of such center, and will be employed by such center."

If, within 6 months after DHEW has announced applications for these centers, the State VR agency has not applied, DHEW can accept applications from other public or private nonprofit agencies within that state.

• Part C IL Services For Older Blind Individuals

States may receive federal funds to provide IL services to assist older blind individuals to adjust to their blindness by becoming more able to care for their individual needs. States may make grants to public and private nonprofit agencies or organizations.

• Part D Protection And Advocacy (P&A) Systems

States may also receive grants to establish systems to protect and advocate the rights of severely handicapped individuals.

• Part E Authorization Of Funds

For carrying out Parts A, B, and C, $80 million for F.Y. 1979, $150 million for F.Y. 1980, $200 million for F.Y. 1981, and such sums as are necessary for F.Y. 1982 are authorized. The Part C Older Blind program must receive a set-aside not to exceed 10% of available funds.

For carrying out the Part D P&A Systems, such sums as are necessary for F.Y. 1979, $6 million for F.Y. 1980, $7.5 million for F.Y. 1980, and $9 million for F.Y. 1981 are authorized.

EXISTING IL PROGRAMS, SPRING, 1979

The Rehabilitation Act of 1973 funds innovation and expansion grants for State Vocational Rehabilitation agencies or at their option designated public or nonprofit organizations to initiate or expand services for persons with severe handicaps. In F.Y. 1978, $18 million supported 352 I&E projects. Of these funds and projects, 37 independent living (IL) projects in 13 states were established with $2.022 million. One of these 37 projects was UCPA of San Francisco. It is also interesting to note that 18 of these 37 projects were located in California (Wallace).

In the spring of 1979 DHEW's Clearinghouse on the Handicapped listed the 73 IL projects in the nation that they were aware of. The list included UCPA affiliates in Kansas, Detroit, New York City, Pittsburgh, San Antonio, and San Francisco. In developing the list, the Clearinghouse used the definition cited in the Implementation Plan of the White House Conference On Handicapped Individuals:

> "A physical environment and a service contingent which allows a handicapped individual to live and function in

> the least restrictive circumstance in a variety of non-institutional settings; the capacity of handicapped individuals to perform the mental and physical requirements of daily living;
>
> Also refers to service systems for severely handicapped persons which are arranged for and under the control of the disabled persons themselves."

The DHEW list was shared with UCPA's Professional Services Program Department and District Program Representatives on March 16, 1979 for input into DHEW's next revised listing.

IL: A SERVICE, A FUNDING PROGRAM, OR A SOCIAL MOVEMENT?

UCPA affiliates have long been dissatisfied with Vocational Rehabilitation's failure to serve persons with severe handicaps, have developed special support programs for persons excluded from generic service systems because of the severity of their disability, and have advocated for a permanent funding base to finance supportive services which will allow severely disabled persons to live in the community. This advocacy has been an objective of the UCPA Washington office since its establishment in the fall of 1968. The Title VII Comprehensive Services For Independent Living is a response to this advocacy effort.

The IL program is also a response to a new social movement, the movement for independent living. In describing the IL movement, Gerben DeJong focuses on the Center for Independent Living at Berkeley, organized in 1972, and the American Coalition Of Citizens With Disabilities, organized in 1974, as the "real beginnings" of the movement. DeJong views IL as a consumer movement and a social phenomenon characterized by the following philosophies:

- Consumerism: "Basic to consumerism is a distrust of seller or service provider... With the rise of consumer sovereignty, professional dominance in disability policy and rehabilitation is being challenged."

- Self-Help: The objective of the "self-help movement" is to "give people the opportunity to exercise control over their own lives and the services they use." This movement is fueled by the same "distrust of professionally dominated services" as consumerism. These proponents view themselves as "an alternative service provider" emphasizing peer counseling and advocacy services which, according to DeJong, are "not provided by mainline human service organizations."

- Demedicalization: This concept supplements self-help and consumerism by challenging the dominance of medical professionals and furthering self care. It maintains that individuals can and should take greater responsibility for their own health and medical care. To DeJong, once medical stability of a disability has been obtained, "medical presence is both unnecessary and counterproductive... Disabled persons are insisting that the management of their disabilities is primarily a personal matter and only secondarily a medical matter."

DeJong maintains that the IL movement has concentrated its energies on a relatively few major disability groups - those with spinal cord injury, muscular dystrophy, cerebral palsy, multiple sclerosis, and post-polio disablement - and on the

older adolescent and younger working age adult. This age focus is a function of the disability conditions emphasized to-date and the communities (large academic settings) where IL has taken root.

Consumer sovereignty and self reliance have combined into a movement concerned primarily with civil, political, and economic/benefit rights.

Six specific services have become closely associated with the IL movement:

- Advocacy services to acquire rights and entitlements;
- Peer Counseling to "foster more assertive behavior in an unaccommodating social and economic environment;"
- Attendant Care services to assist in activities of daily living;
- Removal of architectural barriers;
- Adapted housing; and
- Adapted transportation.

To DeJong, "the movement's philosophy not only affects what services are to be provided but also how services are to be provided."

NATIONAL FORUMS IDENTIFY IMPLEMENTATION ISSUES

In early 1979 DHEW's Rehabilitation Services Administration (RSA) sponsored several forums throughout the nation on implementation of P.L. 95-602. On January 17-19, 1979 RSA sponsored a national conference in Washington, D.C. followed by regional conferences.

The Washington conference, composed of a variety of rehabilitation professionals and some consumers from across the country, was organized into eight work groups to provide input on the major titles and sections of the new act. The largest work group (53 persons) at the conference addressed the new Title VII IL program. Clarke Ross, UCPA Washington Office Director, co-chaired the IL work group and reported to the conference on work group recommendations.

The IL work group was not totally representative of the disability field, but did reflect areas of common interest and concern within the field. As a follow-up to the January national meeting, RSA sponsored a consumer-oriented conference held March 7-9, 1979 in Washington. Jointly arranged by RSA and Tufts/New England Medical Center, this conference was attended by 55 consumers including UCPA Washington office staff representing a large cross section of disabilities.

These forums identified a number of issues on IL program implementation.

- The Issue Of Eligibility

The first issue was that of eligibility for independent living services. Forum participants substantially disagreed over the meaning of independent living in

terms of scope of service. P.L. 95-602 states that services are those necessary to "improve significantly" a person's ability to live more independently and such services must result in "enhanced ability" to live independently.

A recommendation that the program was intended for those persons too severely disabled to be eligible for Vocational Rehabilitation at this point in time and who require services beyond those of custodial or maintenance was evenly split on a vote. The major problem with the recommendation was disagreement over the maintenance concept; many viewed it as a fundamental service to any independent living program for the severely disabled.

The January work group accepted a substitute recommendation that the focus of the independent living program should be on the severely handicapped who never got into the VR program rather than on those who have gone through VR and require some type of assistance. In justifying this recommendation attention was drawn to the P.L. 95-602 provision that "priority of services under this part shall be given to individuals not served by other provisions of this Act."

• Scope Of Services

The January work group considered five specific recommendations; four were accepted:

(a) It is emphasized that any service which is not custodial in orientation which leads into or contributes to independent living is appropriate for this program. Attention was drawn to the P.L. 95-602 phrase "any...service that will enhance the ability of a handicapped individual to live independently and function within his family and community."

(b) RSA should not by regulation specify a minimum set of basic services which must be provided.

(c) Services must be appropriate to individuals as specified in the individual written rehabilitation plan.

(d) States must develop an evaluation system based upon the individual written rehabilitation plan.

Defeated overwhelmingly was a recommendation that states must design and require appropriate outcome measures which will determine an individual's compliance with the "significant improvement" and "enhanced ability" criteria.

• Vocational Rehabilitation Administration, Linkage And Responsibility

An issue of considerable debate during legislative consideration of P.L. 95-602 was whether the state VR agency or another agency should be selected to implement the new independent living program; Congress selected the VR agency.

The RSA conference work group recommended that states do have an obligation to report on those persons who move from independent living to VR. However, the focus on serving the severely disabled in VR must be on enforcing VR's responsibility to serve the more severely handicapped, not on the independent living program. To prevent the new program from becoming a refuge for VR denials, client flow between the two programs is essential.

The work group experienced a marked difference of opinion regarding conceptualizing program linkages. The predominant view was that the programs should be viewed as two separate programs - the missions are different, there are separate state plans, there are separate sources of funds, and there should be a separate administrative unit with separately identifiable staff. The other view was that independent living is merely an expansion of eligibility and services for those who can not easily attain employment and thus there should be one program to allow combined benefits.

Evaluation is not cited in the P.L. 95-602 independent living section; thus, a difference of opinion arose regarding intake evaluation. One view advocated an initial evaluation for VR and then if rejected, referral to independent living. The other view advocated starting all persons out as independent living clients and then accepting certain ones in VR.

Work group recommendations were accepted promoting interagency agreements and formal protocols at federal and state levels. The importance of HUD resources was stressed.

• Private Agency Services

P.L. 95-602 requires that not less than 20% of a state's allotment must be allocated to local public or private nonprofit agencies unless RSA waivers because States cannot feasibly use the funds in this manner. Some state VR administrators in the January work group desired 100% use of the funds themselves, others desired to substantially grant out their funds, while others advocated a balanced approach. Work group recommendations were that states must affirmatively publicize the availability of these funds and that RSA should utilize only two criteria for granting waivers - no applications and the competency, ability, and qualification of the applicant.

• Centers For Independent Living

In addition to the state grant program, states may also receive grants to establish centers for independent living. If states do not apply for these funds within 6 months, RSA may directly grant money to local agencies. The January work group recommended that even though states may not have applied for these funds, they should have the authority to review, comment on, and recommend applications to RSA. Equally important, RSA must establish an appeals procedure so applicants can challenge state opinions.

The issue of whether centers could limit services to certain disabilities, thus establishing categorical programs, prompted heated disagreements. There were those who believed centers must serve all disabled applicants. There were those who believed centers should be allowed to focus on very specific unique needs of single categorical interests. Others maintained the need to focus on single categories but advocated that all persons with similar needs be served. The January work group attempted to resolve these differences by recommending that states must assure that all disabilities will be served without addressing the individual centers issue.

The most heated controversy of the January forum focused on the requirement that all applicants must provide assurances that handicapped individuals be substantially involved in policy direction and management and be employed by such centers. There was absolutely no consensus on this issue. Proposals included the following:

(a) The RSA regulations should retain the overal. language of the act and add a provision that the states must ensure documentation so that the substantial involvement requirement is satisfied.

(b) The RSA regulations should require that at least 51% of the policy making entity and management of each applicant will be handicapped individuals.

(c) DHEW Legal Counsel should determine whether the phrase "will be employed" can be interpreted as a preference requirement.

Lastly, the January work group recommended that the focus of the centers program be on direct services to people, not on facility construction, expansion, or improvement.

• Other Issues

Other implementation issues concerned the adequacy of the definition of handicapped individual, lack of a statewideness requirement in the state grant program, lack of age limits, consumer involvement in state plan development, manpower development needs, research needs, community integration guarantees, and funding inadequacies.

Even though forum participants disagreed over some implementation issues, all agreed and assumed on the implementation of a new state grant service program and not a limited demonstrazion program.

THE ISSUE OF FUNDING

P.L. 95-602 authorized $80 million for F.Y. 1979, $150 million for F.Y. 1980, and $200 million for F.Y. 1981. The Administration has proposed $2 million for 1979 and $10 million for 1980. This is consistent with this Administration's legislative recommendations to the 95th Congress that the country is not ready for such a massive new program and what is needed is a small federally administered demonstration program.

Conference participants did disagree on the definitions of some of the concepts and parameters to service delivery in the implementation of an independent living program. Agreement was reached on many issues and the assumption was made in both meetings that a new state grant, comprehensive services program would be implemented, not a limited demonstration program. The disagreements that appeared are such that they can be easily resolved within the context of a fully implemented program.

• Assumptions Related To The Development Of State Plans For IL Service Provisions

Lex Frieden has developed a list of assumptions related to the development of state plans for IL service provisions. These assumptions help justify the need for substantial funds over those requested by the Administration.

1) ASSUMPTION: State Directors will want to budget IL funds for four primary purposes. They are:

a. Administration--Salaries and expenses for Deputy Director, Program Specialist, etc.

b. Training--Inservice and contract training expenses.

c. Centers--Establishment grants and unrestricted support for maintenance, etc.

d. Direct Service Purchases--For peer counseling, biomedical engineering, adaptive equipment, transportation, etc.

2) ASSUMPTION: Special demonstration projects will be funded to develop programs for clients in rural areas.

3) ASSUMPTION: IL centers will be supported by funding from several different sources including: a) establishment grants from state VR agency, b) special project (I&E) grants from state VR agency, c) unrestricted grants from foundations and corporations, and d) fee for service charges paid by various third parties.

4) ASSUMPTION: IL centers will coordinate or provide a broad range of services needed by severely disabled people in order for them to be independent.

5) ASSUMPTION: Established private facilities and service providers will want to provide some IL services and may do so effectively if they secure consumer input and coordinate their programs with appropriate IL system managers (i.e., community IL center, or IL planning unit of state VR agency).

Note Frieden's assumption that established agencies, such as UCPA affiliates, will provide some services but not be IL centers themselves! This assumption goes back to DeJong's social movement philosophy. UCPA affiliates must be aware of this line of reasoning and be prepared to discuss it openly.

• A Justification Of Funding

The Senate report authorizing this new program declared the objective of Title VII to be "to build State services and service systems to increase the number of and improve the quality of services for severely handicapped individuals and to assist the States in developing and implementing comprehensive services for all severely handicapped persons." P.L. 95-602 envisions a substantial new service program with, as the Senate report declares, "sufficient funds" available to develop "effective long-range plans and services."

The time for implementing a new comprehensive services program is now. Several hundred independent living projects already exist in the nation demonstrating the viability of the IL concept. The model programs exist; we do not need any more demonstrations - Congress clearly envisioned the establishment of a major new state grant service program.

A request for a $25 million FY 1979 supplemental appropriation for comprehensive services for independent living is justified on the basis of devising an equitable state distribution procedure, ensuring continuation of the existing I&E independent living projects; allowing an appropriate initial funding base for the centers for independent living and older blind individuals programs, and providing start-up funds to assist states in implementing the Protection and Advocacy program under Title VII.

The state grant program under Title VII is based on the ratio of state population to the population of all the states with a $200,000 or 1/3 of 1% of funds, whichever is greater, minimum allotment. If all 50 states received the minimum allotment of $200,000, a $10 million appropriation would be required. This would allow each state to hire a few professionals to initiate the planning stage. However, a $10 million appropriation would not allow the program in the territories. Section 703(a)(2) requires Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, and the Trust Territory of the Pacific Islands to receive a minimum allotment of not less than 1/8 of 1% of funds available to the states. With a $10 million appropriation, these territories would be assured of $65,000; using the state/territory formulas, Puerto Rico would be assured of roughly $100,000. Given these statutory obligations, implementing the law in even its narrowest sense would require at least $10.165 million.

A limited $10+ million appropriation would not allow the Part B centers for independent living program to be funded, would not permit the states and territories to even begin the Part C older blind individuals program (the Part C program automatically receives 10% of the Part A state grants), and would promote an inequitable state distribution. For example, with a $10 million appropriation New Hampshire, New York, and California would each receive an identical federal allotment.

For all these reasons, $20 million is recommended to implement the Parts A, B, and C programs. By adding in $2 million to ensure continuation of the I&E independent living projects and $3 million as to start-up funds for a very modest P&A program (each state would receive $60,000 with no funds available for the territories), it is recommended that a total FY 1979 supplemental appropriation of $25 million be made. With a $25 million initial capacity-building base, the independent living program will be ready for the implementation of comprehensive services in FY 1980, for which at least $100 million is needed.

• Congressional Decisions On Appropriations

At this point in time, the Congress is going along with the Administration's request for $2 million for F.Y. 1979 and $10 million for F.Y. 1980 inspite of intense lobbying by the Disability field and inhouse advocacy efforts by such members of Congress as Representatives Paul Simon (IL) and George Miller (CA).

With federal funds very possibly limited to Administration requests, some parochial maneuvering among disability groups is beginning. Some consumer self-help organizations are promoting the idea that 100% of IL funds should be allocated to the Part B Centers program rather than to the states under the Part A program. This kind of effort can only damage the effort to implement a full IL program.

As we go to press, RSA has cleared proposed regulations to implement the program and the proposals are awaiting full DHEW clearance. These regulations em-

phasize funding of the Part B Centers program but only after a State has a three year plan as required by Part A in place.

UCPA affiliates will be informed of further implementation and funding events in the Word From Washington monthly newsletter as they occur.

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